Meeting of Governor's Commission on Suicide Prevention

March 20, 2017 1:00 P.M. – 3:00 P.M.
Behavioral Health Administration Headquarters
Spring Grove Hospital Center, Dix Building, Basement
Catonsville, MD 21228

Commission Members Present:

Albert Zachik, M.D. Department of Health and Mental Hygiene, Behavioral Health

Administration, Chair

Jennilyn Landbeck Family Member

Miles Lawrence Department of Juvenile Services

Tom Sloane University of Maryland

Christina Drushel Williams Governor's Office for Children

Bob Tousey Faith Community

Linnette Rivera Department of Disabilities
Amanda Celentano Department of Aging
Stephen Goldberg Public Health Services

Randall Nero Department of Public Safety and Correctional Services

Ken Collins Maryland Additions Directors Council

Danny Farrar Veteran

Shenetta Mallcia Suicide Prevention Group (Empowerment Essence)

Holly Wilcox Academic Community (Johns Hopkins)

Deborah Nelson Maryland State Department of Education

Kim Burton Mental Health Association of Maryland

Dana Hendrickson Department of Veterans Affairs

Will Powell National Organization for People of Color Against Suicide

Behavioral Health Administration Staff:

Michael Hawkins Children, Adolescent and Young Adult Services
Kathy Rebbert-Franklin Health Promotion and Prevention, Director

Mary Viggiani Health Promotion and Prevention, Assistant Director

Laura Burns-Heffner Health Promotion and Prevention

Greetings and Introductions — Albert Zachik, Chair:

Dr. Zachik welcomed members and guests to the Commission meeting. Commission member introductions followed.

Overview of the Maryland Suicide Prevention and Early Intervention Network (MD-SPIN)

Presentation – Tom Sloane, LCPC

- The grant period ends in 2019
- The overall goal is to reduce the pre-mature loss of life by focusing on at-risk populations such as:
 - o LGBTQ (Lesbian, Gay, Bi-Sexual, Transgender, Questioning);
 - Military and Veterans;
 - o Those with behavioral health disorders; and
 - Transition aged youth.
- Outreach includes:
 - K-12 Education;
 - Post-Secondary or other institutions of higher education;
 - Primary Care physicians;
 - Emergency Departments; and
 - Others.
- Partners include:
 - Behavioral Health Administration;
 - University of Maryland, School of Psychiatry;
 - Johns Hopkins;
 - Bloomberg School of Health;
 - University of Maryland, Baltimore County
 - Coppin State University
 - Howard County Community College
 - Salisbury University
- Goals include:
 - Enhancing community based supports;
 - o Broadening awareness; and
 - Increase training opportunities.
- Kognito
 - An online avatar based training program that includes several modules and available to everyone.
 - The training simulates therapeutic conversations and focuses on different ages.
- Grassroots Intervention
 - There is a new app available that connects users to a counselor.
 - It is available now through on smartphones and can connect a caller to the appropriate hotline based on their phone number.
- Mental Health First Aid training is also available now.

Presentation – Holly Wilcox, Ph.D

A new screening (ASQ) is being rolled out in emergency departments at the University

of Maryland and Johns Hopkins Hospital.

- The screening is intended to be given to each client arrives in the emergency department because of a mental health reason. Some hospitals are screening all emergency department clients regardless of reason for hospitalization.
- This is being built into the electronic medical record of patients.
- MedStar is being approached next.
- The tool is showing promising data that it is working well to identify male and African-American patients that might not otherwise be identified as at risk due to long standing barriers associated with stigma.
- The screening is also available for adults.

Commission Structure and Planning

The commission has added an additional meeting beyond the four meetings required in the Executive Order.

There was a suggestion to move meetings around the state to hear in person from community members about the impact of suicide prevention.

- The commission discussed hosting smaller listening sessions in different locations while maintaining the central location for the commission meetings themselves.
- The commission also discussed hosting a Facebook Live session that could be broadcast online for reach a wider audience.

Sub-Committees

The commission discussed the creation of several sub-committees including:

- 1. Social Media and Community Outreach
- 2. Data
- 3. Older Adult
- 4. Veterans

General Discussion

What can be done to follow up with individuals who are identified as as-risk?

- What happens when an individual presents to a primary care physician or at the emergency department?
 - o Follow-up should happen in both instances
- Can there be a replication of the response that occurs when clients present with opioid addition and/or use?

What kind of marketing can be done?

 Public Service Announcements tied to storylines in television shows or movies are very impactful. Is there updated data available?

Sub-Committee on Veterans

- Veterans behavioral health is much more than only Post-Traumatic Stress Disorder
 - o Issues often are present prior to service
 - Many veterans come from rural and urban environments that carry with them their own set of obstacles.
- The Department of Veterans Affairs in Maryland has continued its work around Veteran Wellness and has reconvened its workgroup.
- Danny Farrar's organizations Plantoon 22 and SoldierFit continue to host events that commission members are welcome to participate in including booth space. He can be reached at danny@soldierfit.com.

Adjournment: The Commission adjourned at 3:00 PM

Minutes submitted by Michael Hawkins